Alternative Healing as a Complement to Traditional, Western Therapy

By

Nora Bates

A Research Paper

Submitted to Complete the

Plan B Requirements in

Guidance and Counseling

_____

Robert Salt, Ph. D.

The Graduate College

University of Wisconsin-Stout

August, 2000

The Graduate College
University of Wisconsin-Stout
Menomonie, Wisconsin 54751

ABSTRACT

(Writer)	Bates (Last Name)	Nora (First)	N (Initial)

Alternative Healing as a Complement to Traditional, Western Therapy
(Title)

(Graduate Major)	(Research Advisor)	(Month/Year)	(No. of Pages)
Counseling-Mental Health	Dr. Robert Salt	8/2000	52

American Psychological Association
(Name of Style Manual Used in This Study)

The purpose of this research is to investigate the current status of Wisconsin mental health professionals' opinions, knowledge, and experiences regarding alternative modes of healing in conjunction with Western therapy. The review of the literature gave a synopsis of three Era's of modern medicine and four models of psychotherapy. In addition, the theory of universal energy and three methods of alternative therapies were explored. Modern use of therapy and treating the mind, body, spirit were explored by telephone interviewing mental health practitioners about their knowledge, interest, and willingness to include alternative forms of healing as a complement to therapy in their practices. The results of the survey showed that there is an interest in alternative healing amongst Wisconsin mental health professionals where 77% of the professionals agreed or strongly agreed that mental health professionals should have knowledge about the most prominent alternative treatments. In addition, 63.5% of the participants thought

alternative healing should be incorporated into therapeutic training at the graduate level. Professionals' desires to learn more about alternative healing could lead to including alternative healing in the curriculum of mental health training in university settings.

ACKNOWLEDGEMENTS

The author wishes to thank those who have made this research paper and last two years of graduate school possible.

First, I would like to thank my higher power for guiding me through my spiritual journey of researching this paper and trusting the process.

Second, I would like to thank my life long friend, Marcus P. Henke, for challenging my ideas, yet cheering me on with my research. Also, I'd like to thank him for his patience in helping me with my computer questions.

Third, I'd like to thank Dr. Bob Salt for stretching the boundaries of my mind with our discussions of Appalachian healers vs. certified professionals to nonlocality and spiritual crisis.

Finally, I'd like to thank Dr. Jeffrey Dean Ligman for listening and encouraging me to make my dreams reality.

Thank you all!

Nora Bates

August 2000

TABLE OF CONTENTS

CHAPTER 1

INTRODUCTION

Statement of the Problem

Health care has increasingly been moving toward the use of alternative forms of healing the mind, body, and spirit. A 1998 Follow Up National Survey (Eisenberg, Davis, Ettner, Appel, Wilkey, Rompay, & Kessler, 1998) of trends in alternative medicine use in the United States from 1990-1997 revealed a substantial increase in the proportion of the population seeking alternative therapies. There was a 47.3% increase in visits to alternative practitioners from 427 million in 1990 to 629 million in 1997 (Eisenberg, et. al., 1998). A conservative estimate of 1997 out-of-pocket expenditures was $27 billion, comparable to the out-of-pocket expenditures for all U.S. physician services (Eisenberg, et. al., 1998). Most frequent treatment was for back problems, anxiety, depression, and headaches. Since most frequent treatment included anxiety and depression, both mental health issues, this author questioned how mental health professionals regarded alternative healing within their practices. However, there is a lack of discussion in the current literature between mental health professionals and alternative therapies as a complement to traditional mental health therapies.

Further, with 42% of the American population, or 83 million people, using at least one of sixteen alternative therapies listed in the study, physicians are seeking additional training in alternative, complementary therapies (Morgan, 1998). Eighty five percent of respondents in a survey of physicians at a Midwestern teaching hospital agreed that physicians should be informed about popular alternative therapies, and 52% had referred a patient to an alternative therapist (Boucher & Lenz, 1998). California, New Mexico, and Washington have mandated that

insurance companies cover alternative therapies (Phalen, 1998). As doctors begin to recognize the importance of spiritual approaches to healing the spirit as well as the mind and body (Moon, 1997; Culligan, 1996; "Making a Place for Spirituality," 1998), small grants are being given to incorporate courses in the curriculum. For instance, the National Institute for Healthcare Research and the John Templeton Foundation gave grants to eight U. S. medical schools to explore spirituality and health relationships ("Making a Place for Spirituality," 1998). At Loyola University Chicago Stritch School of Medicine, students will help hospital chaplains as they visit patients. In addition, an internal medicine course will discuss how the human spirit deals with chronic pain, long-term illness, and death ("Making a Place for Spirituality," 1998). "At Loma Linda University School of Medicine, psychiatric residents in training will soon be learning about healing beliefs of world's great religions. At California Pacific Medical Center, aspiring psychiatrists will study spiritual approaches to curing addiction. At Harvard Medical Schools' Brigham & Women's Hospital, they will study faith healing and examine historical clashes between psychiatry and religion" (Wood, 1998, p. 3). It is the purpose of this study to link the medical research and lack of research in the psychological field with treating individuals with mental illnesses.

With the growing trend of using alternative, complementary therapies in the medical field, there still exists controversy over the need of Western scientific evidence of efficacy of certain therapies and techniques. For instance, the concept of energy fields, which are fundamental in many of the Eastern forms of healing, are still controversial in Western medicine. For millennia, energy has been thought to link the internal energy of mind, body, and spirit. Mind, body, and spirit reflects the whole of the human organism. According to Chin (1995, p. 6),

"Energy, despite its limitless manifestations, all come from one universal source.

Movement of energy is the basis of all life. In order for energy to move, it must have an inherent polarity relationship; that is, it must have something or somewhere to move to.

Matter is an expression of energy and vice versa. It can neither be created nor destroyed, only transformed into another form of energy.

All things are manifestations of energy, including us; that is, all things are essentially 'living' things in that energy flows through them despite our inability to observe this phenomenon directly. The difference between what we describe as 'animate' and 'inanimate' is only the result of our illusions."

Western science is relatively new to the concepts of energetics; whereas, Eastern science has about a ten thousand year head start in energetics. Because of these limitations, the English language doesn't have adequate language and terms to reflect the subject of energy and the mysterious life force itself. For instance, Eastern cultures have hundreds of words for different types of energy in the body alone (Chin, 1995). The Western culture is still debating if energy systems even exist. This is partly due to the break in the holistic concept of medicine when Rene' Descartes, a seventeenth century French mathematician and philosopher, concluded the mind and body were separate entities (Strong, 1998). Regarding spirituality, Benson (1996, p. 171) noted that when the West divided the mind and body, "faith did not appear to fare as well as reason because it became a private, personal matter, and reason became a public, promotable good." The mind/body split was popular with the scientists during the Age of Reason. "The paradox of a clock work body and mysterious, disembodied mind formed the basis of what became modern scientific medicine" (Strong, 1998, p. 87). When psychology emerged in the late

nineteenth century, mental illnesses were treated to include mind and body. It hasn't been until recently that the role of the spirit plays a part in treating illness.

Purpose of the Study

The purpose of this research was to question mental health providers bout their attitudes and knowledge base of using alternative healing as a complement to more dominant forms of therapy with clients. Alternative healing could be an avenue to help clients come to terms with their confusion and pain. This quantitative, descriptive study explored questions such as:

- What types of alternative forms of healing are mental health providers familiar with?
- To what extent do the providers believe incorporating alternative therapies in their practice would increase patient satisfaction?
- Do providers believe alternative forms of healing should be included into therapeutic training?

It was hypothesized that there exists a relationship between knowledge and familiarity of alternative forms of therapy by mental health professionals and their willingness to utilize alternative therapies in their practices. For the purpose of this study, alternative therapies was defined as "methods of healing which exist outside the conventional forms of Western modes of therapy based upon a holistic understanding of the interconnectedness of mind, body, and spirit."

The subjects in this investigation were a stratified random sample of psychologists, marriage and family therapists, professional counselors, and professional counselor trainees whose names were obtained through the Wisconsin Department of Regulation and Licensing Directory. Every fiftieth name on the lists was contacted by telephone to voluntarily participate in the study by answering a questionnaire. The purpose of this study was to gather data from the

mental health field of the degree of interest therapists have in alternative forms of healing. If there existed an interest, there could be a change in therapeutic practice and inclusion of alternative healing in mental health counseling training.

The remaining chapters of this paper include Chapter 2, the literature review. This chapter explores the mind/body, and more recent, spirit, dimensions of healing with the three eras of medicine addressed by Dr. Larry Dossey, co-chairman of the Panel on Mind/Body Interventions, Office of Alternative Medicine, National Institute of Health. The connection of medicine and mental health discusses four historical forces of American psychotherapy. Next, the paper explores “What are alternative therapies?” with a discussion of the controversial concept of universal energy. Finally, three modes of alternative therapies, therapeutic touch, meditation/prayer, and shamanism were examined briefly to illustrate the diversity of methods, scientific research, and willingness to incorporate these methods into mental health practice. Chapter Three, Methodology, delineates the population surveyed, data collection, and research procedures. The findings of the questionnaire are described in Chapter Four. Chapter Five contains a summary of the study, conclusions that can be drawn from the findings, limitations, and recommendations. At this time, there is no professional literature which addresses alternative therapies specifically related to mental health and mental health providers.

CHAPTER 2

LITERATURE REVIEW

Western Modern Medicine

Larry Dossey (1997) describes three eras of modern, Western medicine. Beginning about the 1860's, Era 1 focused on the mechanical physical components of medicine. "...Physicians see a body that is made up of 'things' - organ systems such as the cardiovascular system; specific organs such as the liver; individual cells that comprise the organs....Summing all these 'things,' the physician arrives at a definition of the body. This is the 'classical body' - a concrete entity that occupies a particular position in space, a thing that is confined to a point in time, an entity that endures for a particular span of time, the behavior of which can be described as obeying the common sense laws of cause and effect..." (Dossey, 1989, p. 389). As a result, the mind is a result of brain functions.

When soldiers came home from World War I suffering from shell shock, the effects of Era 1 with antibiotics, vaccines, and irradiation, didn't include the idea that the mind effects the body. The notion of mental health was not addressed. However, after World War II, research in psychosomatic disease gave rise to Era II, the mind-body era. Era II is what many alternative forms of therapy, such as biofeedback, tragerwork, Qigong, massage therapy, chiropractic, and meditation to name a few, are based upon. Evidence suggested the mind did affect the body. For instance, when under stress, rats and humans reacted similarly such as developing ulcers, hypertension, and heart disease (Dossey, 1999). Mind-body reactions could also be positive as demonstrated with the placebo effect - positive results emerge using positive thinking and

suggestion. Some researchers, utilizing an Era II thinking have studied the link between emotions, attitudes, and thoughts. Many of these scholars have utilized a biochemical perspective which equates the mind with the brain and central nervous system (Dossey, 1999). However, many other researchers interested in alternative, complementary medicine view the mind as more than the physical brain and central nervous system. For them, the mind includes psychological and spiritual factors. According to Dossey, Eras I and II are considered local medicine because it involve hands on, visual, common sense everyday experience; local events seem well-behaved (Dossey, 1997).

Era III, on the other hand, involves "nonlocal events" which seem to defy the common sense of classical physics. The term "nonlocal," which comes from the theories of modern physics, say events and consciousness are unbounded by time or space. Events such as distant healing, prayer, precognitive dreams, and intuition transcend classical assumptions about time and space and are, perhaps, better understood as nonlocal events. Three aspects of nonlocal events that are relevant to healing are as follows: nonlocal events aren't transmitted by any type of force or energy; the strength of the correlated change doesn't weaken with distance; the nonlocal events occur immediately (Dossey, 1997). In Era III, nonlocal medicine views the mind as more than the brain; it exists freely in space and time. According to Dossey, Eras I and II perspectives do not explain all phenomena and illnesses that exist. Dossey (1999, pp. 24-25) proposes "as you read these words, a part of your mind is not present in your body or brain or even in this moment. Imagine that this aspect of your consciousness spreads everywhere, extending billions of miles into space, from the beginning of time into the limitless future linking us with the minds of one another and with everyone who has ever lived or will live. This is the

infinite piece of your consciousness... Its expressions include sharing of thoughts and feelings at a distance, gaining information and wisdom through dreams and visions, knowing the future, radical breakthroughs in creativity, and discovery...And this part of your mind can be used today in healing illness and disease..." To grasp the concept of nonlocality requires a shift in thinking; the infinitude of the non-local mind can be threatening because it rocks the comforting thought of the mind being set in the brain easily accessible to touch and sight. Dossey (1999, p. 34) mentioned a respected scientist's view on nonlocality, "'This is the sort of thing I would not believe, even if it were true.'"

Nonetheless, there is evidence that supports Era III perspective and the concept of nonlocality. For instance, Dossey (19999) cites an example of a double blind study conducted by psychologist, researcher Bernard Grad of McGill University of Montreal. One hundred mice with wounds were treated by a healer; 100 mice were treated by medical students without any healing abilities; 100 mice had no treatment. After two weeks, the wounds of the mice were significantly smaller on those that were treated by the healers. Even though it was not understood how these wounds were smaller, the healing effects weren't due to the placebo effect because the mice cannot respond to the power of suggestion or positive thinking. Grad conducted several other experiments with seeds, plants, and mice that support Era III medicine and nonlocality (Dossey, 1999).

Dossey cites other experiments supporting Era III distant healing. Healers from Christian, Jewish, Buddhist, Native American, shamanic practices, and three other healing traditions were to focus their mental energies on AIDS patients an hour a day, six days a week, for ten weeks. Psychological tests were given so that the patients' belief systems didn't affect which group they

were in. A blind review of the patients' charts revealed that patients who received distant healing intentions "had undergone significantly fewer new AIDS-related illnesses, had less severe illnesses, required few hospitalization, and fewer days of hospitalizations" (Dossey, 1999, p. 46).

In his book, Reinventing Medicine chapter 2, Dossey (1999) cites numerous other studies of nonlocal healing. Dossey (1999, p. 83) quotes from Radin, Rebman, and Cross that consciousness is still emerging in our understanding but so far:

> Consciousness is nonlocal. It extends beyond the individual. It cannot be confined to specific points in space, such as brains or bodies, or specific points in time, such as the present moment.
>
> Consciousness is an ordering principle. It can insert information into disorganized or random systems and create higher degrees of order.
>
> Consciousness is not the same as awareness. The ordering power of consciousness can occur completely outside awareness, such as in dreams.
>
> Both individual and group consciousness can insert order or information into the world, and can extract information from the world as well.
>
> Coherence among individuals is important in the ordering power of consciousness. Coherence may be expressed as love, empathy, caring, unity, oneness, and connectedness.
>
> Consciousness can affect humans and nonhumans alike. Even inanimate objects can "resonate" with and respond to human consciousness.

Hence, Western medicine is in a transitional state just beginning to explore the concept of nonlocality and the influence of mind, body, spirit. In addition, Western medicine is also beginning to recognize the benefits of other cultural modes of healing which include the universal flow of life energy and/or prayer. Regarding mental health, becoming aware and

mindful of the conscious is a positive step in understanding oneself in conjunction with traditional therapy. Again, integrating the views of all can help the healing of people. Dossey (1999) relates that nonlocality and locality is not an either/or situation but a both/and experience. Medicine of Era I such as chemotherapy and counseling of Era II complements our universal, nonlocal consciousness, Era III. The mechanical, physical medicine of Era I complements the mind-body medicine of Era II which complements the nonlocal eternity medicine of Era III. Western medicine today includes learning more about cells and disease while it explores Eastern medicines and other alternative forms of healing. Meanwhile, Era III creates a physics based explanation for effectiveness of nonlocality and healing Through scientific research, Dossey's Era III medicine can help us understand some of the alternative practices such as prayer, shamanism, and transpersonal psychology, all of which will be discussed in the literature review. Dossey's Era III can help us understand some of the alternative practices that have existed for years and look towards the future, suggesting there will be new methods of healing the medical and mental health arenas that haven't been reached yet. Getting the benefits of all these methods of hi-tech medicine in conjunction with ancient modes of healing will transform the course of healing the mind, body, spirit. The next section of the literature review will discuss current Western methods of treating mental illnesses.

Western Perspectives and Mental Health

As Western medicine contemplates the implications of modern physics, accepting other views of healing, and including the spirit as a part of being human, so too does the mental health profession. Lueger and Sheikh (1989) discuss four forces of American psychotherapy: psychoanalysis, behaviorism, humanism, and the transpersonal models.

Psychoanalytic psychotherapy was popular in the late 1800's and early 1900's with Sigmund Freud and the mental operations of the id, ego, and superego. “Id functions derive out of impulses that drive action; superego functions represent introjections of values primarily expressed as inhibitions of impulses; and ego functions reflect efforts to deal with reality through the energy supplied by the id impulses” (Lueger & Sheikh, 1989). Impulses, energy from the id, result in a state of tension which is reduced when gratified. The superego and ego are neurotically investing psychic energy to satisfy the id. Freud hypothesized there were stages of development and if the person didn’t work through them, s/he could become fixated on a stage. Hence, psychic energy is inefficiently invested in trying to satisfy id impulses. The goal of psychoanalytic psychotherapy is to resolve unconscious conflicts by releasing bound energy.

Partially as a reaction to the time consuming nature of psychoanalytic psychotherapy with its emphasis on the control of the therapist, behavioral therapy emerged in the 20th century. It was scientific and measurable. Behaviorism was based on learning theories and how an organism relates to its external environment. Pavlov’s classical conditioning and Thorndike’s operant conditioning are two examples of stimulus/response learning theories. Cognitive behavior therapies include the thought processes of learning. Behavioral rehearsal, systematic desensitization, and cognitive restructuring are techniques of behaviorism. “Awareness, meaning, and existence are pertinent to behavior therapy only as responses to antecedent conditions in a specific situation” (Lueger & Sheikh, 1989, p. 229). Mind, body, and spirit would be understood by individuals’ behaviors. Actually, the whole person wasn’t addressed which gave rise to humanistic psychotherapy.

Humanistic psychotherapy focuses on the innate tendency for humans to reach their

potential by developing the whole person. The goal of humanistic therapy is to reintegrate the self with experience. With Existential therapy, "being" and "world" exist together because the individual creates both; the individual gives meaning to his/her environment or world. Gestalt therapy focuses on sensory experiences in the now and avoids the phony self. Self-actualization is "the highest level of motivating need and is the primary motivator of the developing person" (Lueger & Sheikh, 1989, p. 221). Client-centered psychotherapy, associated with Carl Rogers, is very non-directive with the therapist giving unconditional positive regard to the client. Unity is reached through realization of the client's potential.

The fourth "force," and newest, model of psychotherapy is transpersonal psychotherapy, which includes body, personality, and spiritual dimensions of being human. Transpersonal medicine is based on "people's experience of transcending their usual identification with their limited biological, historical, cultural, and personal selves and, at the most profound levels of experience possible, recognizing or even being 'something' of vast intelligence and compassion that encompasses the entire universe" (Lawlis, 1996, p. 5). The transpersonal perspective considers Eastern and Western approaches to healing as complementary; integrating ancient wisdom and modern knowledge is important. Finding peace within is as noted in the world's great religions: "'The Kingdom of heaven is within you' (Christianity); 'Look within, thou art the Buddha' (Buddhism); 'By understanding the Self all this universe is known' (Hinduism); 'He who knows himself, knows the Lord' (Islam)'" (Lueger & Sheikh, 1989, p. 227). Consciousness is on a continuum with complete unity on one end where no two things in the universe can be totally separate and with complete dualism on the other end where all things are separate and independent. "Psychoanalytic, behavioral, and humanistic therapies address only one segment of

this continuum; whereas, transpersonal psychotherapy is directed toward the achievement of greater unity" (Lueger & Sheikh, 1989, p. 229).

Each of these approaches has contributed to mental health counseling. As with Eras I and II complementing Era III medicine, psychoanalytic, behaviorism, and humanism have complemented the newer transpersonal psychology. Psychoanalytic psychotherapy developed definitions of transference and therapeutic alliance. Behaviorism provided therapeutic techniques of changing behavior. Humanism addressed human experience. The transpersonal model emphasizes experience of the spiritual. Transpersonal therapy could be considered alternative since it is relatively new; the University of Wisconsin-Stout included a course of transpersonal psychology for the first time in the summer of 2000. The eclectic therapist uses ideologies of all the modes of psychotherapy and how it fits with the individual client. Likewise, alternative therapies could be used in conjunction with the more traditional means of psychotherapy . The next question is "What are alternative therapies?"

What are Alternative Therapies?

The popularity of complementary, alternative therapies has forced medical professionals to look more seriously at unorthodox therapies in healing. Acceptance and usage of alternative therapies are predicted by how familiar the doctor is with the therapy. "Knowledge of and familiarity with any therapy is a necessary prerequisite for sound clinical judgments when caring for patients" (Berman, Singh, Hartnoll, Singh, & Reilly, 1998, p. 279). Many health professionals are more willing to look at the whole individual's physiological, psychological, social, environmental, and spiritual dimensions that may contribute to illness. Alternative, integrated medicine that examines conventional and complementary methods are seen by many as a step

forward in health care. What, then, are alternative therapies?

Alternative therapy involves a holistic approach. The Medical Advisor (1996, p. 17) explains alternative medicine as viewing health "as a balance of body systems-mental, emotional, and spiritual, as well as physical. All aspects of a person are seen as interrelated-a principle called holism, meaning 'state of wholeness.' Any disharmony is thought to stress the body and perhaps lead to sickness. To fight disease, alternative medicine uses a wide range of therapies to bolster the body's own defenses and restore balance." From the mental health perspective, alternative healing is based on the same concept of "holism" as used in alternative medicine.

For instance, the spiritual dimension involves more than a religious aspect. As people, we question our place in the world and can become anxious and confused wondering about our past, present, and future. To make sense of our lives, "certain activities create a supportive framework that connects us to our 'inner selves,' to each other and to the world. These activities include art, literature, music community, family, worship, and play, and they are especially important when illness presents us with the reality of our vulnerability, limitations, and dependency" (Woodham & Peters, 1997, p. 13). When treating the person as a whole, spirit is part of the healing process. Merriam Webster's Collegiate Dictionary (1996, p. 1134) defines "spirit" as "an animating or vital principle held to give life to physical organisms," taken from the Latin word spiritus "breath" and French word spirare "to blow, breathe." "Spiritual" is defined as "of relating to, consisting of, or affecting the spirit" (Merriam Webster's Collegiate Dictionary, 1996, p. 1134). "Alternative" is defined as "existing or functioning outside the established cultural, social, or economic system...different from the usual or conventional" (Merriam Webster's Collegiate Dictionary, 1996, p. 34). It must be noted that not all conventional Western medicine ignores the

person as a whole considering patients lifestyles, health education, and self care. So too does psychotherapy. And not all alternative modes of therapy involve a deep quest of spirituality. For this paper, alternative healing will be defined as "methods of healing which exist outside the conventional forms of Western modes of therapy based upon a holistic understanding of the interconnectedness of mind, body, and spirit."

Alternative methods of healing, being "outside" the conventions of Western healing, raises issues of validation which is important in the scientific method of Western thought. Is the effect measurable, and how do we know it is because of treatment? Problems exist with measuring mind, body, spirit treatment because it is difficult to give a double blind massage or involve the patient's desire to be a part of the healing process. In addition, there is a relative lack of research partially because there is little funding for alternative therapy research. Also, alternative therapies have little backing from universities, hospitals, statisticians, and full time research staff (Woodham & Peters, 1997); however, funding for research is changing ("Making a Place for Spirituality, 1998). In addition, one form of alternative therapy may work with one problem but not another, and the skill of the practitioner is as important as the therapy. Working together as caring professionals open to constructive criticism can help bridge the gap in understanding the dynamics of alternative healing.

With Americans seeking more holistic sources of healing, the "bridging of the gap" is being pushed as medical researchers are examining the effectiveness and openness to using alternative therapies. There are over 150 alternative forms of healing some of which are as follows:

- massage

- tragerwork
- bioenergetics
- acupuncture
- Qigong
- therapeutic touch
- reiki
- hypnotherapy
- meditation
- past life therapy
- feng shui
- shamanism
- prayer
- herbalism
- Ayurveda
- magnetic therapy

This writer chose three forms of alternative therapies to discuss: therapeutic touch, meditation/prayer, and shamanism. First, Deloris Krieger's therapeutic touch has been found to help pain relief, accelerate wound healing, reduce anxiety and stress, prevent illness, provide support during the dying process, enhance spiritual development, and aid in preparation for and follow up of medical surgical treatments (Clarke, 1995). However, therapeutic touch is controversial in the literature. There seem to be support, as well as doubts, with nurses I have talked with who have been trained in therapeutic touch or have had the opportunity to learn it. In my personal life, I have found therapeutic touch to be helpful.

Second, Herbert Benson has demonstrated the benefit of meditation for treating chronic pain, insomnia, anxiety, hostility, depression, premenstrual syndrome, infertility, and side effects of treating cancer and AIDS (Culligan, 1996). Prayer also relieves anxiety and depression. This author chose to discuss meditation/prayer because there is evidence in the research that meditation and prayer are useful and more accepted. Again, personally, this author has found meditation and prayer useful as centering and calming tools.

Finally, this author chose to discuss shamanism because it is controversial, intriguing , and unknown to this author. The traditional Hmong culture includes treating the mind, body, and spirit with shamans. If the soul is lost, the shaman, “father of spirits” travels to the supernatural world to communicate with the spirits and retrieve the soul (Koltyk, 1998). I did not chose the other forms of alternative therapies because there are simply too many of them for the scope of this paper. Before examining these therapies, an explanation of universal energy will be explored because it is the central concept of some alternative therapies such as therapeutic touch.

Universal Energy

Therapeutic touch involves the ancient concept of universal energy, known in the East as ch’i. This notion of universal energy is still relatively unknown in traditional medicine and therapy. Herbert Benson (1996) has tried to measure ch’i, the energy that Eastern medical practitioners believe connects the natural world; however, he has been unsuccessful in measuring universal energy using standard scientific methods. Nevertheless, the concept of universal energy has intrigued many as it has been referred to as “ch’i, prana, orgone, ka, mana, pneuma, wakan, Holy Spirit, odic power, and so on” (Fuchs, 1999, p. 30). The controversy exists over fundamental concepts between Western medicine and ancient healing such as in the East.

The ancient Chinese system of medicine is about 5,000 years old (Pachuta, 1989). Ch’i, the universal energy, is paramount in ancient and modern Chinese medicine and other oriental medical systems. According to this belief system, ch’i is the cosmic life force that flows through people, the earth, everything. It is very orderly and logical. Ch’i includes the energy of the divine. Balance and harmony of ch’i manifests health; whereas, imbalance means illness. A physical ailment also includes an imbalance in the mind, emotion, and spirit. Once the spirit is in balance,

then the mind, body, and emotion can be brought into harmony. Evaluating the balance of ch'i energy includes assessing each organ and bringing everything back into balance. " The fundamental notion of all Chinese philosophy and medicine is the profound oneness of all things and of all people with nature, with the universe, and with the divine" (Pachuta, 1989, p. 69).

Also valuing order, Western medicine, however, is slow to accept that there exists an orderly flow of energy through everything. The Western scientific approach requires empirical evidence to support how energy correlates to mental health and healing. However, empirical evidence supporting energy and its relationship, or nonrelationship, to healing is in its infancy. Meanwhile, people continue to search for ways to alleviate emotional pain. Using alternative forms of healing is becoming more of an option for people when Western modes of healing mental health isn't working or is lacking. Modes of alternative forms of healing, which often include spiritual healing, are slowly being considered as American society is becoming more accepting of the diverse ways of healing found in various cultures. Some methods of healing involve the physics of energy work, such as therapeutic touch, or the more measurable meditation. Others involve the spirit which may or may not include an energy connection; an enigma difficult to measure such as shamanism.

Three Modes of Alternative Healing

Therapeutic Touch

Therapeutic touch, developed in 1972 by Dolores Krieger and colleague Dora Kuntz, is a modern form of laying on of hands. A basic assumption of therapeutic touch is that humans have energy fields which interact with one another and with the environment as part of the universal life force (Woodham & Peters, 1997). Illness is an imbalance in the energy system, and energy

can be transferred from healer to healee with intent to heal the imbalance.

Centering, assessment, unruffling or clearing, transfer or modulation of energy, and closure are the steps to the therapeutic touch process. The first step in the therapeutic touch process is centering one's consciousness throughout the entire process. According to Krieger (Horrigan, 1998, p. 88), centering can "change your worldview. And if that happens, you begin to find that your lifestyle must also change. And if your worldview and lifestyle change, you are edging into a nice definition of transformation of personality. This is what can happen to people who use Therapeutic Touch. It's a dual process. One aspect involves helping and healing the person who is ill; the other concerns what happens with the therapist."

Further, the assessment phase is when the practitioner places one's hands above the body in the person's energy field to assess differences in energy flow. Cues that the hand chakras can detect are "breaks in energy flow, vital-energy deficit and vital-energy hyperactivity, sense of pressure or fullness, congestion or sluggishness or blockages of vital-energy flow, dysrhythmias or random pulsations of flow, temperature differentials of heat or cold so innately dissimilar that variations can be clearly identified, a sense of tinglings or slight electric shocks, true intuitions and insights" (Krieger, 1997, pp. 27-28).

The third step is unruffling or clearing where the therapist removes congestion in the person's energy field by sweeping ones hands 2-4 inches from the body. It helps realign the symmetrical, rhythmical flow of life energy through the field. Unruffling relaxes the client as the therapist reworks imbalanced energy flowage which is the next phase, transfer or modulation of energy. The therapist applies intentionality to redistribute energies such as to tone up or tone down intensity of the energy state. The therapist's intent or command allows for transfer of

energy between the individuals. For instance, slight differences in gestures can affect depression, high blood pressure, nausea, and anxiety (Krieger, 1997). The final stage is closure where the energy fields are reassessed and perceived to be balanced and symmetrical. The therapist puts a hand on each foot of the client.

Therapeutic touch is a controversial mode of complementary, alternative healing. One of the basic premises is the concept of the energy field which is in conflict with the scientific method of the Western view mentioned previously. A controversial study in the therapeutic touch arena was that of a nine year old girl who attempted to test whether therapeutic touch practitioners could feel her energy field. The authors concluded that evidence to the energy field was unclaimable, and therapeutic touch as a professional mode of treatment was unjustifiable (Rosa, Rosa, Sarner, & Barrett, 1998). The study was rebutted with as much fervor to support therapeutic touch claiming the study had poor methodology and conclusions (Huebscher, 1999). The University of Colorado Report on Touch Therapy (Claman, 1994, p. 7) concluded that "there is virtually no acceptable scientific evidence concerning the existence or nature of these energy fields." However, therapeutic touch could be beneficial as an adjunct treatment with regular nursing care. For instance, Gagne and Toye (1994) showed that therapeutic touch resulted in significant reductions in reported anxiety of inpatients at a Veterans Administration psychiatric facility. Hill and Oliver (1993) claim that therapeutic touch as a theory-based nursing intervention has potential for helping clients with their physical and mental health. All in all, according to Anna Easter in her review of the literature (1997), research regards therapeutic touch positively, but all research indicates a need for further study including more "rigorous" research methodologies for a more scientific pool of literature.

Meditation and Prayer

Another, more acceptable, form of alternative healing to Western culture is meditation and prayer. Meditation is a mental discipline which induces mental tranquility and physical relaxation. There are a number of techniques to practice meditation which are included in all the world's major religions such as Christianity, Judaism, Islam, Buddhism, and Hinduism (Woodham & Peters, 1997). In the West, meditation has been in the form of prayer and contemplation to withdraw to a level "beyond ordinary consciousness." In the East, meditation has been a way to achieve bliss and to explore consciousness. In meditation, the mind focuses on a thought or image, and there is a "nonjudgmental receptiveness to whatever enters the mind, a state of 'relaxed awareness,' or one in which the mind is 'empty'" (Woodham & Peters, 1997, p. 174).

Dr. Herbert Benson of Harvard University has examined the effects of meditation, primarily Transcendental Meditation, TM, a form of mantra meditation based on Hindu philosophy, to discover blood pressure can be lowered (Baker, 1997). Benson went on to find secular ways to achieve these results which resulted in the "relaxation response" which was more scientific. "If you thought in a certain way with a repetitive focus and disregarded everyday thoughts, measurable, predictable, reproducible physiological changes occurred. That was science. It was akin to taking a pill or doing surgery" (Baker, 1997, p. 23). Simply, the relaxation response decreases the body's oxygen consumption. The body responds to techniques to bring about the relaxation response by lowering metabolism so one's body doesn't have to work so hard such as slowing down the heart beat so that the muscles relax which requires less blood (Benson, 1996). When the body is taught to slow down using methods such as meditation, the

relaxation response occurs. Benson's "generic" technique to elicit the relaxation response is:

> Step 1. Pick a focus word or short phrase that's firmly rooted in your belief system.
> Step 2. Sit quietly in a comfortable position.
> Step 3. Close your eyes.
> Step 4. Relax your muscles.
> Step 5.Breathe slowly and naturally, and as you do, repeat your focus word, phrase, or prayer silently to yourself as you exhale.
> Step 6. Assume a passive attitude. Don't worry about how well you're doing. When other thoughts come to mind, simply say to yourself, 'Oh, well,' and gently return to the repetition.
> Step 7. Continue for ten to twenty minutes.
> Step 8. Do not stand immediately. Continue sitting quietly for a minute or so, allowing other thoughts to return. Then open your eyes and sit for another minute before rising.
> Step 9. Practice this technique once or twice daily. (Benson, 1996, p. 136).

Meditation is well-documented to help mental health. The relaxation response has been shown to help insomnia, psychosomatic patients, anxiety, mild to moderate depression, self-esteem, and hostility (Benson, 1996). A group-delivered mindfulness meditation has been found to suggest long term effectiveness in stress reduction in treating generalized anxiety disorder, and panic disorder with and without agoraphobia (Kabat-Zinn, Massion, Kristeller, Peterson, Fletcher, Pbert, Lenderking, & Santorelli, 1992; Miller, Fletcher, & Kabat-Zinn, 1995). Transcendental meditation, the most common and most researched form of meditation in the United States has been found to enhance self-esteem, well-being, sense of meaning in life, and reduce aggression, hostility, and recidivism in prisoners (Gelderloos, Walton, Orme-Johnson, & Alexander, 1991). Transcendental meditation significantly reduced the use of alcohol, cigarettes, and illicit drug use in both the general population in heavy users and indicated effective relapse prevention (Alexander, Robinson, & Rainforth, 1994). Orme-Johnson and Walton (1998) go on to say that not only does meditation work, but specific forms of meditation, namely T. M., are

more effective with treating stress-related disorders. According to Woodham and Peters (1997), just as physical exercise and a healthy diet are acknowledged by doctors to be important in preventing and treating disease, conventional medicine will emphasize the importance of relaxation and meditation in the future.

Having results similar to the effects of meditation is prayer. According to Benson (1996, p. 301), "Scattered across the globe, in nearly every culture and time known to us, people have said prayers and meditations that evoked physiological calm, or the relaxation response. No matter how distinct our cultures and creeds, we share innate gifts-of physical healing, of achieving peace, and sometimes of feeling 'the presence of a power of energy force which feels near'… We are designed to flex spiritual muscles, even if our prayers are very different, even if we don't call it prayer."

However, trying to quantify and document faith in God is a highly controversial subject. "There was nothing more sacred to people than religious faith. And there was nothing so 'unscientific' as faith" (Benson, 1996, p. 196). Nevertheless, in his book Timeless Healing, Benson (1996) mentioned secular techniques such as Lamaze breathing, autogenic training, and progressive muscle relaxation exercises, that bring about physiologic relaxation similar to the peaceful state that prayer elicits. Dossey (1993) notes that experimentally, researchers are reluctant to define how one should pray. According to Dossey, studies hardly ever describe how subjects pray or how different methods of prayer effect results. Still, 80 % of the U.S. population believe in God and consider religion important in their lives (Culligan, 1996). Forty-eight percent of patients in a 1994 study wanted their physicians to pray with them (Culligan, 1996).

Evidence supporting the efficacy of prayer include Dr. Daniel J. Benor's examination of

all “spiritual healing” in the English language before 1990 (Dossey, 1993). He found 131 studies, most of them not with humans. “In fifty-six of these studies, there was less than one chance in a hundred that the positive results were due to chance. In an additional twenty-one studies, the possibility of a chance explanation was between two and five chances in a hundred” (Dossey, 1993, p. 262-263). Further, Lampmann (1998) noted the evidence that spiritual and religious convictions benefits physical and mental health: people experience greater well-being and life satisfaction, less depression, and less likelihood of committing suicide. Lampmann (1998, p. 3) made an interesting observation of spiritually and mental health professionals: “Interest in patient spirituality appears to be growing among mental health practitioners as well- or at least a long-held resistance to it may be lessening. Over the years, psychiatry has stuck religion with labels such as ‘universal obsessional neurosis,’ ‘infantile helplessness,’ and ‘borderline psychosis.’” Times have changed as a Harvard Medical School polled professionals working for health maintenance organizations to find 94% said they thought prayer, meditation, and other spiritual and religious experiences help speed up medical treatment (Moon, 1997).

Shamanism

Another unorthodox form of alternative therapy is shamanism which involves treating “conditions of the soul.” Shaman is from the Tungus language of Siberia which describes someone who can journey to and commune with the spirit world (Woodham & Peters, 1997). “The Siberian shaman’s soul is said to be able to leave the body and travel to other parts of the cosmos, particularly to an upper world in the sky and a lower world underground. This ability is traditionally found in some parts of the world and not others...” (Vitebsky, 1995, p. 10). The purpose of the shamanic journey is to gain power or knowledge to help the individual and

community to heal (Achterberg, 1985). The shaman has guardian spirits to help gain that knowledge and power.

In comparison to Western medicine, shamanism is based on an externalizing belief system where problems stem from activities of spiritual forces; whereas, modern medicine focuses on an internalizing belief system where problems, for instance in psychiatry, lie in the individual's brain and mind (McClenon, 1993). In shamanic traditions, there is greater emphasis on spirit disturbances than in more industrialized countries. Shamanism focuses on private experiences, particularly anomalous experiences which challenge current scientific belief. Examples of anomalous experiences include "extrasensory perception experiences, precognitions, clairvoyance, night paralysis, synchronicities, and contacts with the dead" (McClenon, 1993, p. 108). Observing the anomalous experiences, scholars and investigators of the twentieth century began to emphasize the psychopathology of the shaman. Vitebsky (1995) compares the shaman to a schizophrenic; however, there are major differences when the shaman is in an altered state of consciousness. For instance, the shaman's concentration is increased; whereas, the schizophrenic is scattered. This shamanic technique involves a voluntary and controlled transition to another state of consciousness where there is access to knowledge, insights, and information that s/he normally cannot command (Money, 1997). The shaman is more in control of one's mind than the schizophrenic who is out of control. The shaman's experience is brought back to benefit society; whereas, the schizophrenic is trapped in a private experience. When the shaman is not in the trance, he or she is comparable to, and as ordinary as, the next creative person.

Therefore, the next question is "Do shamans really heal?" Vitebsky (1995) questioned whether any of the shamanic experience is real and concluded that shamanic cultures have

assumptions about what exists and how things happen. “If one shares these assumptions, then the possibility of shamanic action follows” (Vitebsky, 1995, p. 143). He went on to state that conventional Western medicine can also work that way as evidenced with the “placebo effect” of a pill. Regarding efficacy, Vitebsky (1995, p. 142) proclaims “in both cases, the answer must move away from narrow concepts of experimental scientific validation towards understanding different peoples’ assumptions about the nature of reality.” Money (1997, p. 134) agrees that the usefulness of shamanism cannot be discarded because of Western views of scientific proof: “For some, a therapy that cannot be replicated under laboratory conditions or within the discipline of the randomized double-blind clinical trial should therefore be rejected or relegated to folklore. I believe that shamanic practice, recent research into its healing potential, its congruence with new scientific perspectives that are holistic rather than positivistic, and the discovery that shamanic techniques such as imagery are compatible with the emerging new paradigm of health provide confirmation that healing systems to not necessarily have to be wholly congruent with Western biomedicine in order to be useful or worthwhile.” Vitebsky (1995), Achterberg (1985), Shimoji, Eguchi, Ishizuka, Cho, & Miyakawa (1998), and Jolly (1999) conclude that integrating the shamanistic approach and Western medicine is important in treating the individual. Fadiman (1997) in her book, The Spirit Catches You and You Fall Down, wrote of the struggle between the Western way of treating a Hmong child with epileptic seizures and the traditional Hmong medicine of the shaman. The uncollaborative communication between the medical and familial institutions resulted in an unfortunate situation with the child. Vitebsky (1995) states that there are close parallels to psychotherapy and shamanic attitudes such as developing a positive relationship between the doctor and patient and healing in a social context such as group therapy.

Both approaches emphasize understanding the world and one's role in it thereby altering the patient's perception to meet one's needs and express one's feelings.

Summary

The controversy of alternative therapies is evidenced by the changing state of Western medicine, integrating traditional views of human energy fields and modern medicine of Era III and nonlocal events. This change of thought has been a part of the mental health arena of also treating the whole person beyond biology, culture, history, and self to be a part of something universal as in transpersonal psychotherapy. With a 47.3% increase in the number of visits to alternative practitioners, people are seeking "new" ways of treating their pain which often includes a spiritual aspect of healing. There have been several studies to explore attitudes of medical doctors' opinions of alternative therapies (Berman, Singh, Hartnoll, Singh, & Reilly, 1998; Boucher & Lenz, 1998); however, this writer did not find any studies surveying primarily mental health practitioners' training, attitudes, and practice patterns of using alternative therapies in conjunction with traditional therapy. The remainder of this paper will explore the attitudes of Wisconsin mental health professionals regarding use of therapies including the four perspectives of mental health as well as Eras II and III of alternative forms of therapy.

CHAPTER 3

METHODOLOGY

The following discussion will describe the methods and instrument used to survey mental health professionals in Wisconsin regarding attitudes of alternative therapies in their practices.

Population

The population surveyed were those professionals registered with the State of Wisconsin Department of Regulation and Licensing. Mental health professionals surveyed were psychologists, marriage and family therapists, professional counselors, and professional counselor trainees. Every fiftieth name was selected from those on the alphabetized list. The stratified random sample included: 15 psychologists (28.8%), 5 marriage and family therapists (9.6%), 26 professional counselors (50.0%), and 6 professional counselor trainees (11.5%). The total sample included 52 mental health professionals.

Data Collection

The questionnaire was formulated by the author with permission to use questions from the Boucher and Lenz survey (1998). The questionnaire included eleven demographic questions including professional status, sex, level of training, age, years of practice, state and/or country of training, size of city, work setting, race/ethnicity, and religious affiliation. Three questions involved marking as many answers that apply regarding types of therapy practiced with clients and types of alternative therapies the professionals are familiar with or use with their clients. Alternative therapies were divided into three categories similar to Woodham & Peters' Encyclopedia of Healing Therapies (1997): Touch and Movement Therapies, Medicinal

Therapies, and Mind and Emotion Therapies. Five likert scale and five yes/no questions addressed attitudes toward alternative therapies. There were a total of twenty five questions. (See Appendix A).

Before the questionnaire was given to subjects, it was given as a trial to two family and marriage therapists, two mental health counselors, and a psychologist. The questions were then adjusted to increase validity. The data was collected by telephone interviewing of professionals. A consent form/telephone interview script was read to subjects. (See Appendix B). If they chose to participate in the study, the survey was continued. If not, the survey was terminated. If the subject was not available at the time, the author attempted to recontact subjects within a month's time before they were eliminated as a participant in the study. Fifty-two of the 79 people contacted, or 66%, agreed to participate in the survey fully.

Research Procedures

Data was tabulated by the University of Wisconsin-Stout's Information and Operation Systems Department. The first sixteen questions involved nominal fill in the blank or check the correct answer in gathering demographic information. Questions 12-20 were check all that apply or Likert questions. Questions 21-24 were yes/no questions while Question 25 was sharing additional comments. Percentages and means were calculated for respondents choosing answers. Cross tabulations were done on appropriate questions.

CHAPTER 4

DATA ANALYSIS

The results of the survey will be presented in Chapter Four. The hypothesis to be examined is "People want and are using alternative therapies; therefore, mental health professionals are aware and knowledgeable of alternative therapies." Data gathered regarding demographics, types of Western modes of therapy and theories, and knowledge and use of sixteen modes of alternative therapies will be presented. More specific questions addressed on the questionnaire then will be explored.

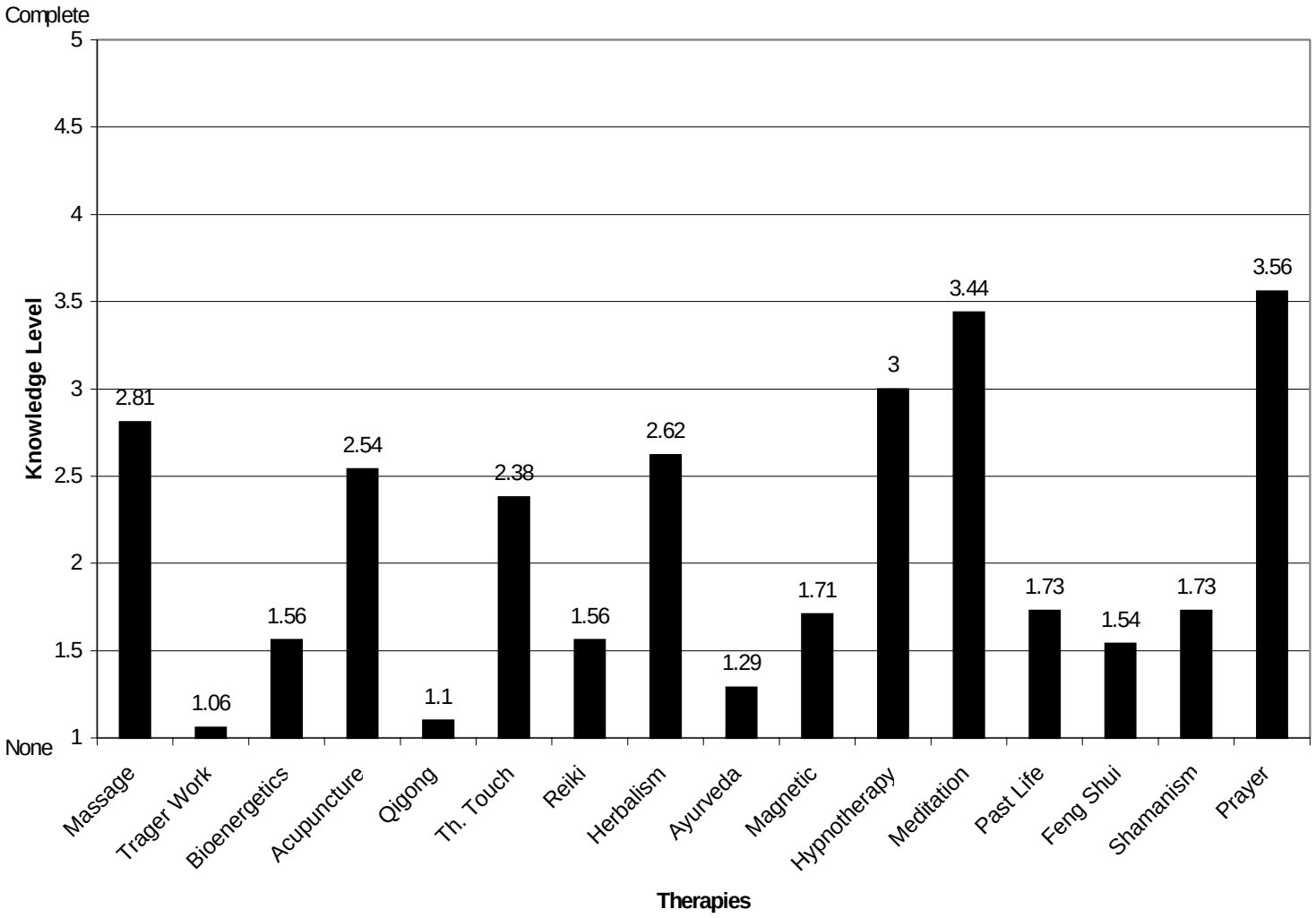
Demographics

There were 38.5% males and 61.5% females questioned. The level of professional training included 34.6% with doctorate degrees, 61.5% with master levels, and 3.8% with bachelor degrees. The mean age of respondents was 48.75 years old with 16.33 years of practicing therapy. The city size where the professionals worked was 15.4% in rural under 10,000 people, 48.1% in cities of 10,000-100,000 people, and 36.5% in large cities of 100,000 and more. Regarding race and ethnicity, 94.2% of respondents were Caucasian, with one Native American, one Pacific Islander, and one Caucasian/Native American. Religious affiliations included 76.9% Christian, 7.7% Jewish, 1.9% agnostic, 3.8% atheist, and 9.6% other.

Results of the Survey

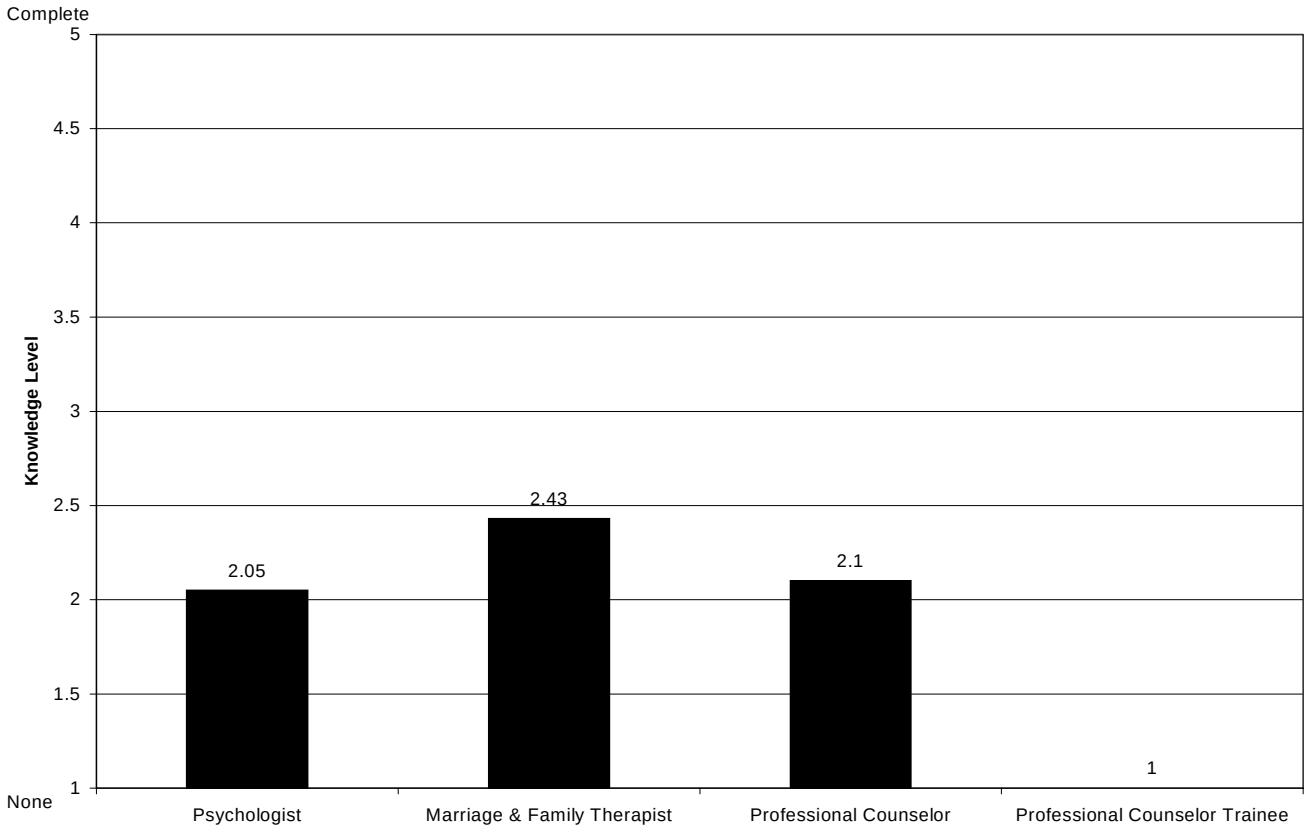
The hypothesis proposed was "People want and are using alternative therapies; therefore, mental health professionals are aware and knowledgeable of alternative therapies." First, since people are using more alternative therapies, this researcher examined Wisconsin mental health professional's familiarity of particular modes of alternative therapies which is revealed in Graph 1. On the scale of 1 to 5, with 1 being no knowledge and 5 being complete knowledge, the mean score of the professionals' ratings were graphed.

Graph 1: Wisconsin Mental Health Professional's Knowledge of Sixteen Alternative Therapies



Graph 1 revealed that mental health professionals' degree of familiarity with the listed modes of alternative therapies were generally close to no or little knowledge for most items with the most understanding being prayer, meditation, or hypnotherapy. In addition, mental health professionals use of alternative therapies were even fewer with 9.6% using therapeutic touch, 7.7% using herbalism, 15.6% using hypnotherapy, 19.2% using meditation, 1.9 % using past life regression and 25% using prayer. The remaining alternative therapies were zero usage. In addition, 42.3% of Wisconsin mental health professionals haven't attended workshops, lectures or training in alternative therapies, and only 3.8 % have certification in any alternative therapies. Graph 2 breaks down the respondents by specific profession and their familiarity with the alternative therapies listed.

Graph 2: Mean Familiarity of Alternative Therapies with Professional Status



The data suggests that the hypothesis is not true because Wisconsin mental health professionals were not knowledgeable about alternative therapies. However, 73% of those surveyed were interested in learning more.

Further, of the scores given, 77% of the professionals agreed or strongly agreed that mental health professionals should have knowledge about the most prominent alternative treatments. In addition, 52% of the participants thought alternative therapies should be facilitated in established mental health organizations. Interestingly, 78.4% of all Wisconsin mental health professionals thought some form of alternative therapies would increase patient satisfaction with treatment. And, 63.5% of participants thought alternative forms of healing need to be incorporated into therapeutic training at the graduate at the graduate level with an additional 23.1% answering that training should be at some level. For instance, answers such as “some forms of therapy such as meditation and prayer should be taught; whereas, reiki should not.” Also, a class in alternative therapies could be offered for awareness but not be required. Another person said those therapies proven to be effective could be offered. This information, again, showed that interest in alternative healing is prevalent amongst Wisconsin mental health professionals.

The next section of data analysis will break down the professional status of mental health professionals. Even though the study used a stratified random sample, caution should be noted regarding the small sample size of professionals since there were only 5 marriage and family therapists and 6 professional counselor trainees in the study. Table 1 shows the cross tabulation of professional breakdown of data as comparable to each other on questions 16 to 20 of the

survey. Please refer to Appendix A.

Table 1: Mean Results of Questions 16-20 According to Professional Status

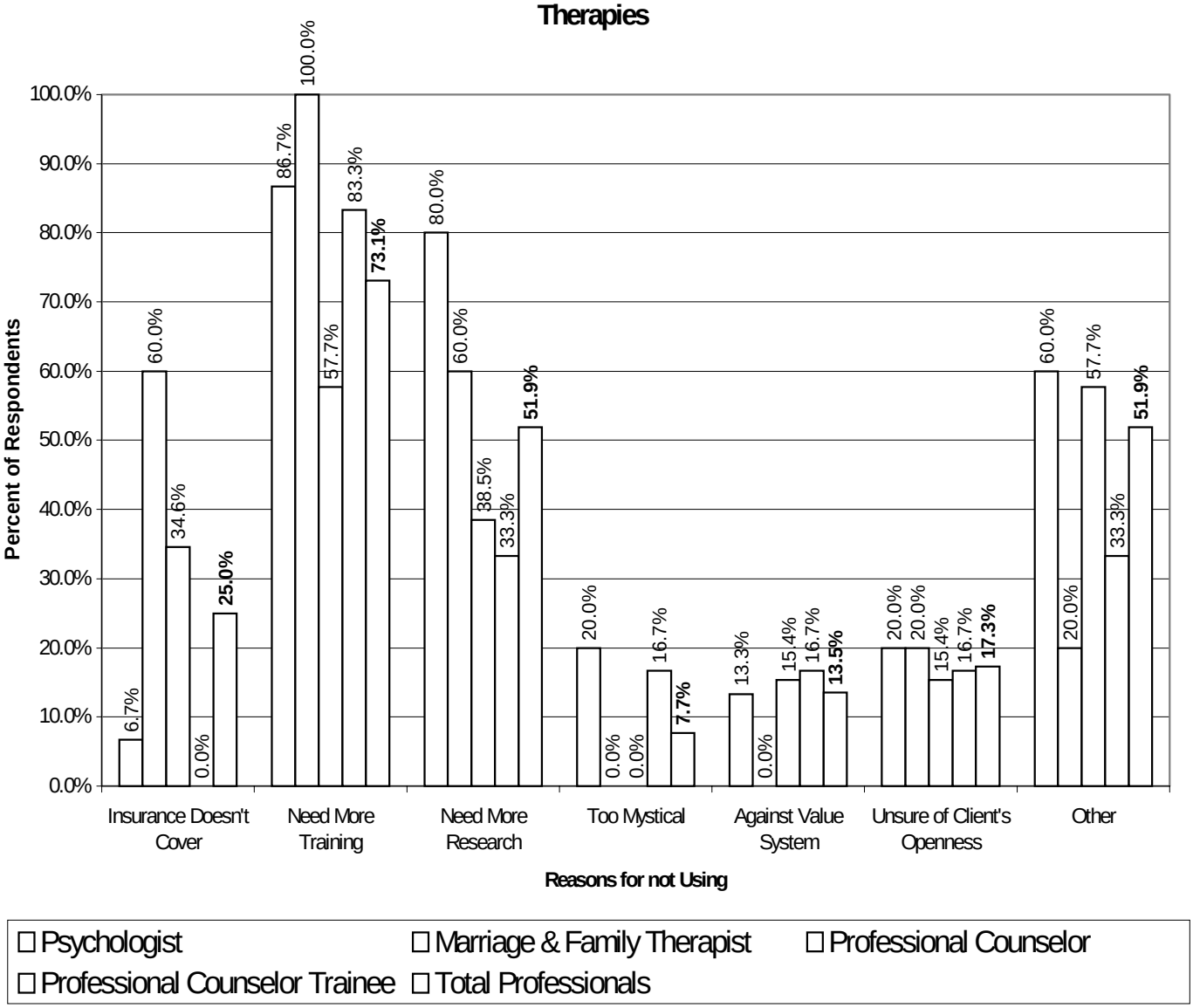
	Psychologists	Marriage/Family Therapists	Professional Counselors	Professional Counselor Trainees
Question 16	3.64	2.00	2.52	2.20
Question 17	2.47	1.60	1.73	1.67
Question 18	2.77	3.80	3.73	3.50
Question 19	3.27	3.60	3.95	3.33
Question 20	2.87	2.00	2.00	2.00

With 1 being extremely likely and 5 extremely unlikely, Question 16, "How likely is it that you would ever refer a client to an alternative practitioner for treatment?" revealed that psychologist were the least likely to do so; whereas, marriage and family therapists were the most likely to refer. With 1 being strongly agree and 5 strongly disagree, Question 17, "To what extend to you agree or disagree that mental health professionals should have knowledge about the most prominent alternative treatments?" showed that all professionals agreed that knowledge of treatments should be known with psychologists agreeing the least. With 1 being strongly resist and 5 strongly facilitate, Question 18, "To what extent do you feel that the implementation of alternative therapies should be resisted or facilitated in established mental health organizations?' showed that psychologists were the more likely to resist as compared to the other three professionals who were more neutral. With 1 being great pressure to utilize and 5 being great pressure not to utilize, Question 19, "To what extent do you feel administrative or financial pressure to utilize or not to utilize alternative therapies" revealed that all groups felt no strong pressure either way with mean scores of 3.27 to 3.95. With 1 being major positive impact and 5 major negative impact, Question 20 "To what extent do you believe that incorporating

alternative therapies will increase patient satisfaction with their treatment?" again, showed that psychologists do believe alternative therapies increase patient satisfaction, but not as much as the other three. In all cases, psychologists were more conservative in their answers; however, statistical significances were not calculated due to low numbers in two categories.

Graph 3 showed the cross tabulations of professionals and reasons they do not use alternative forms of therapy in their practices. Need for more training was the most common reason for not using alternative therapies.

Graph 3: Cross-tabulation of Professional Status and Reasons for not Using Alternative Therapies



Comments for not using alternative therapies in the "other" category included:

"The medical model subculture is not conducive to alternative therapies."

"Alternative therapies are used by inexperienced people as a substitute for real therapy. It's harmful. Don't touch patients! That is bad boundaries. "

"Some seem to be a lot of bunk so don't think it's effective."

"Question some of the ethical considerations such as touch."

"Can't be all things to all people."

"Legal restrictions of religious interventions."

"Working in a state agency, may get legal issues with spirituality."

"No time for actual therapy."

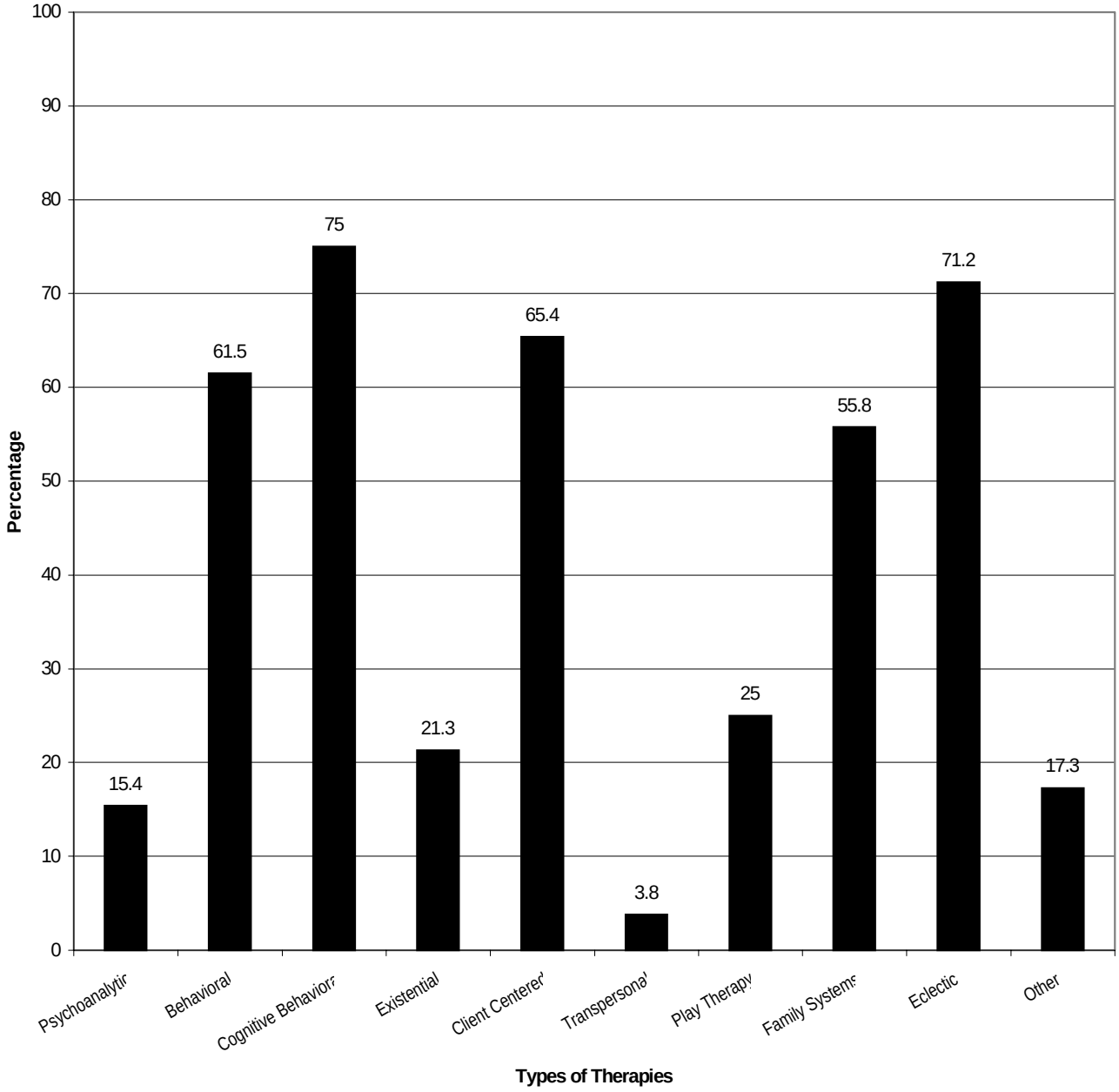
"Resistance to New Ageism with misinformation."

"Licensing board doesn't recognize alternative therapies in practice."

"Not conducive to clientele."

Graph 4 shows the types of traditional Western therapies practiced by Wisconsin mental health practitioners. The data showed that cognitive behavioral, eclectic, client centered, behavioral, and family systems are used by 50% of the professionals. Further, transpersonal therapy, which stresses the mind, body, and spirit, may be considered alternative because only 3.8% of respondents reported implementing it in their practices.

Graph 4: Percentage of Mental Health Professionals in Wisconsin Using Western Therapies with Clients



CHAPTER 5

SUMMARY, CONCLUSIONS, LIMITATIONS, AND RECOMMENDATIONS

Summary

The preceding study surveyed a number of mental health professionals' attitudes regarding alternative forms of healing and how they fit into the counselors' practices. The purpose of the research was to examine current knowledge and implementation of alternative therapies to see if professionals match the growing demand of patients' use of alternative therapies as mentioned in Chapter 1 of this study. It was this author's hypothesis that since patients' use and demands of alternative therapies are growing, 47.3% increase in visits to alternative practitioners in 1997 (Eisenberg, et. al., 1998), mental health professionals would be knowledgeable about alternative therapies. It was thought that examining the professionals' attitudes would precipitate a dialogue in educating mental health professionals in the alternative therapy arena.

The design of the study was a 25 question telephone survey given to a stratified random sample of psychologists, marriage and family therapists, professional counselors, and professional counselor trainees registered with the State of Wisconsin Department of Regulation and Licensing. The survey was developed by the author with assistance from the Boucher and Lenz survey (1998). Basic descriptive statistical analysis was performed by the University of Wisconsin-Stout's Information and Operation Systems Department. Although there is lack of research specific to mental health professionals regarding the use of alternative therapies, the

interest among the subjects in this study suggests further research.

Conclusions

At this point, comparison of the views in the literature review and results of the study is in order. First, as noted by Berman, et.al. (1998), the acceptance and usage of alternative therapies are predicted by how familiar the doctor is with the therapy. The results of this study revealed in Graph 1 that lack of knowledge, indeed, coincided with lack of use. Meditation, one of the more acceptable modes of alternative healing, was one of the more likely used therapies, 19.2%, as well as prayer, 25%. Interestingly, several respondents who worked in governmental agencies noted that since they are in a governmental setting, including anything relating to spirituality had to be met with caution. For instance, there are "legal restrictions on religious interventions," or the counselor worked "in a state agency and may have legal issues with spirituality," or "there is inappropriateness in the public domain." Only 9.6% used therapeutic touch which helped explain some of the counselors' reasonings of touch appropriateness: "never touch a client," "alternative therapies are used by inexperienced people as a substitute for real therapy. It is harmful. Don't touch patients-bad boundaries." This number may even be high because the subjects' definitions of therapeutic touch may be different from the definition of practitioners in that discipline.

Further, Graph 3 illustrated that need for training was highest on reasonings for not using alternative therapies. The introduction of the paper listed several grants designated to training medical students in the human spirit as related to illnesses. However, this author could not find any information regarding training in more prevalent forms of alternative therapies. Graph 3 also illustrated that "effectiveness needs to be researched more" is second highest in reasonings for

not using alternative therapies. Although controversy exists in the research of energy flow as prevalent in some alternative therapies such as therapeutic touch, acupuncture, and feng shui, the mystical quackery "some seem to be a lot of bunk" attitude wasn't a determining factor for not using alternative therapies. Professionals want evidence. Although research is available as evidenced in the literature review of therapeutic touch, meditation, and Era III medicine, mental health professionals seem to be slow at accepting scientific, Western methods of gathering evidence to support some modes of alternative therapies. Regarding shamanism mentioned in Chapter 2, Money (1997) proposed that perhaps shamanic techniques can be confirmed useful in scientific perspectives that aren't yet congruent with Western biomedicine. This author feels this argument of not following scientific procedure would be difficult for Western thought to accept since current scientific research of some alternative therapies is already excessively scrutinized. One of the professionals in the study commented simply, "the licensing board doesn't recognize alternative therapies in practice." With a comment as such, alternative approaches have a ways to go before becoming mainstream. Even the newer model of transpersonal psychotherapy may be considered alternative as it includes body, personality, and spiritual dimensions of being human. Only 3.8% of respondents reported using transpersonal therapy in their practice.

As this researcher examined the ideas presented in the literature review and by the respondents, two themes seemed to emerge. First, clients are looking for help outside the conventional forms of therapy. Seventy seven percent of mental health professionals in this study agreed that counselors should be informed about popular alternative therapies. Fifty five percent of professionals in the study were somewhat likely or extremely likely to refer clients to alternative therapy. It seems important that professionals, not only in the mental health field,

need permission to come out of their boxes and to accept the sound research that is available. Skepticism is important, but as comparable to Dossey's explanation of nonlocality, alternative healing (in his case nonlocality) requires a shift in thinking. Nurturing the human as a whole, mind, body, and spirit, may require changing the mindset of mental health professionals. Perhaps, the mental health professionals need to look within and examine their spirit. Perhaps, they need to catch up to the needs of their clients.

Second, therapists seemed to be saying "We need to learn more abut these therapies, but where do we go?" It seems important to trust the scientific evidence and make room for greater expression and tools in mental health counseling. Therapists are understandably cautious in implementing alternative therapies, whether personally or for referrals, with their clients. Educational facilities need to act and make information available to mental health professionals. The respondents articulated there is a lack of knowledge in this area.

Limitations

Limitations to this study need to be addressed. First, psychiatrists were not included in the sample because the State of Wisconsin Department of Regulation and Licensing did not have the listings available. It would be interesting to examine the attitudes including psychiatrists. Second, only fifteen out of more than 150 alternative practices were included in this survey. Mental health practitioners may be familiar with and use therapies that were not included in the questionnaire. Further, the definition of certain alternative therapies, such as therapeutic touch, may be different from the definition of practitioners in the discipline. Also, professional counselors included counselors who were involved in vocational rehabilitation and career counseling rather than actual mental health counseling which may have affect results of the questionnaire. Finally,

caution must be noted regarding the sample size of mental health professionals when they were broken down to specific kinds of therapists. For instance, there were only five marriage and family therapists and six professional counselor trainees in the sample which could effect generalizability.

Recommendations

In the 1980's and 1990's, the popularity of using alternative therapies increased. This occurrence has forced the medical profession to look more seriously at using alternative therapies in conjunction with conventional medicine. According to Woodham and Peters (1997), conventional medicine has grown and changed with new discoveries and methods of healing. Medical practitioners are willing to examine and integrate care to support patients coping abilities to their health problems. Currently, there exists a huge opportunity for traditional, conventional medicine to work with alternative modes of therapy in treating patients. Both conventional and nonconventional professionals need to be open to constructive criticism where professionals can come together in treating the client as a whole. Professionals need to name and talk about alternative therapies so they can be established on licensing boards as legitimate modes of therapy and medicine. Following the demand of society looking for new ways of treating illnesses within the context of spirituality and life meaning, high standards in education, practice, and research can not be overlooked. Creating a dialogue between conventional and nonconventional professionals will set in motion a shift in treating people, a shift that has already begun. “Technological medicine is not enough. People want their medical care grounded in spirituality” (Dossey, 1999, p. 228).

How would it be useful to create a dialogue among mental health professionals about

alternative forms of healing? Survey participants seemed willing to learn more about alternative therapies so they could use them in their practices or refer clients to more qualified practitioners. Some mental health professionals may have difficulty implementing alternative therapies into their practices because it requires a new way of thinking, foreign to the way they were trained. This researcher believes that it is important to begin a conversation among clinicians so that new ideas can be examined. Sources of dialogue could be included in more mainstream professional journals, newsletters, conferences, workshops, and study groups. Mental health professionals need support or permission to be open to these new ideas as part of an integrated whole in treating clients. More grants could be given to graduate schools in training new professionals and encouraging research. Openness in sharing ideas about physical and mental health has already begun in universities to create theoretical and practical groundwork in a new approach to healing. As the saying goes, “The map is not the territory.” Medicine and therapy are at the point to extend their maps to discover new territory in human health and healing.

REFERENCES

Achterberg, J. (1985). Imagery in Healing: Shamanism and Modern Medicine. Massachusetts: Shambhala Publications, Inc.

Alexander, C., Robinson, P., & Rainforth, M. (1994). Treating and preventing alcohol, nicotine, and drug abuse through Transcendental Meditation: A review and statistical meta-analysis. Alcoholism Treatment Quarterly, 11, 13-87.

Baker, B. (1997). The faith factor. Common Boundary, 15, 20-26.

Benson, H. (1996). Timeless Healing: The Power and Biology of Belief. New York: Simon & Schuster.

Berman, B., Singh, B., Hartnoll, S., Singh, K., & Reilly, D. (1998). Primary care physicians and complementary-alternative medicine: Training, attitudes, and practice patterns. The Journal of the American Board of Family Practice, 11, 272-281.

Boucher, T. & Lenz, S. (1998). An organizations survey of physicians' attitudes about and practice of complementary and alternative medicine. Alternative Therapies in Health and Medicine, 4, 59-65.

Chin, R. (1995). The Energy Within. New York: Marlowe & Company.

Claman, H. (1994). University of Colorado Report on Touch Therapy [Online]. Available: http://www.parascope.com/articles/1196/doc_d.htm [1999, October 8].

Clarke, B. (1995). Healing touch: Working with energy based complementary intervention. Virginia Nurses Today, 3, 9-10.

Culligan, K. (1996). Spirituality and Healing in Medicine. America, 175, 17-21.

Dossey, L. (1999). Reinventing Medicine: Beyond Mind-Body to a New Era of Healing. New York: Harper Collins Publishers.

Dossey, L. (1997). The forces of healing: reflections on energy, consciousness, and the beef stroganoff principle. Alternative Therapies in Health and Medicine, 3, 8-14.

Dossey, L. (1993). Healing Words: The Power of Prayer and the Practice of Medicine. New York: Harper Collins Publishers.

Dossey, L. (1989). The importance of modern physics for modern medicine. In A. Sheikh & K. Sheikh (Eds.), Healing East & West: Ancient Wisdom and Modern Psychology (pp. 395-

423). New York: John Wiley & Sons, Inc.

Easter, A. (1997). The state of research on the effects of therapeutic touch. Journal of Holistic Nursing, 15, 158-175.

Eisenberg, D., Davis, R., Ettner, S., Appel, S., Wilkey, S., Rompay, M., & Kessler, R. (1998). Trends in alternative medicine use in the United State, 1990-1997. Journal of American Medical Association, 280, 1569-1575.

Fadiman, A. (1997). The Spirit Catches You and You Fall Down. New York: Farrar, Straus, & Giroux, Inc.

Fuchs, M. (1999). Reiki and Qigong. The Empty Vessel, 5, 30-34.

Gagne, D. & Toye, R. (1994). The effects of therapeutic touch and relaxation therapy in reducing anxiety. Archives of Psychiatric Nursing, 8, 184-189.

Gelderloos, P., Walton, K., Orme-Johnson, D., & Alexander, C. (1991). Effectiveness of the Transcendental meditation program in preventing and treating substance misuse: A review. The International Journal of the Addictions, 26, 293-325.

Hill, L. & Oliver, N. (1993). Therapeutic touch and theory-based mental health nursing. Journal of Psychosocial Nursing, 31, 19-22.

Horrigan, B. (1998). Dolores Krieger, RN. PhD, Healing with therapeutic touch. Alternative Therapies in Health and Medicine, 4, 87-92.

Huebscher, R. (1999). Therapeutic touch-what is the controversy and why does controversy exist? Nurse Practitioner Forum, 10, 43-46.

Jolly, A. (1999). Indigenous mental health care among Gurkha soldiers based in the United Kingdom. Journal of the Royal Army Medical Corps, 145, 15-17.

Kabat-Zinn, J., Massion, A., Kristeller, J., Peterson, L., Fletcher, K., Pbert, L., Lenderking, W., & Santorelli, S. (1992). Effectiveness of a meditation-based stress reduction program in the treatment of anxiety disorders. American Journal of Psychiatry, 149, 936-943.

Koltyk, J. (1998). New Pioneers in the Heartland: Hmong Life in Wisconsin. Massachusetts: Allyn & Bacon.

Krieger, D. (1997). Therapeutic Touch Inner Workbook. New Mexico: Bear and Company, Inc.

Lampmann, F. (1998). A frontier of medical research: Prayer. Christian Science Monitor, 90, 4-8.

Lawlis, G. (1996). Transpersonal Medicine: A New Approach to Healing Body-Mind-Spirit. Massachusetts: Shambhala.

Lueger, R, & Sheikh, A. (1989). The four forces of psychotherapy. In A. Sheikh & K. Sheikh (Eds.), Healing East & West: Ancient Wisdom and Modern Psychology (pp.197-236). New York: John Wiley & Sons, Inc.

Making a place for spirituality. (1998). Harvard Health Letter, 23, 3.

McClenon, J. (1993). The experiential foundations of shamanic healing. The Journal of Medicine and Philosophy, 18, 107-127.

Merriam Webster's Collegiate Dictionary. (1996) Springfield, Massachusetts: Merriam-Webster.

Miller, J., Fletcher, K., & Kabat-Zinn. (1995). Three-year follow-up and clinical implications of a mindfulness meditation-based stress reduction intervention in the treatment of anxiety disorders. General Hospital Psychiatry, 17, 192-200.

Moon, D. (1997). Doctors begin to heed 'spiritual vital signs.' Christian Science Monitor, 90, 3.

Morgan, D. (1998). The stampede to alternative medicine. Healthcare Trends Report, 12, 1-2.

Orme-Johnson, D., & Walton, K. (1998). All approaches to preventing or reversing effects of stress are not the same. The Science of Health Promotion, 12, 297-299.

Pachuta, F. (1989). Chinese medicine: The law of five elements. In A. Sheikh & K. Sheikh (Eds.), Healing East & West: Ancient Wisdom and Modern Psychology, (pp. 64-90). New York: John Wiley & Sons, Inc.

Phalen, K. (1998). Integrative Medicine. Boston: Journey Editions.

Rosa, L., Rosa, E., Sarner, L., & Barrett, S. (1998). A close look at therapeutic touch. Journal of American Medical Association, 279, 1005-1010.

Shimoji, A., Eguchi, S., Ishizuka, K., Cho, T., & Miyakawa, T. (1998). Mediation between the shamanistic model and the psychiatric model in a shamanistic climate: A viewpoint of medical anthropology. Psychiatry and Clinical Neurosciences, 52, 581-586.

Strong, M. (1998). A Bright Red Scream: Self-Mutilation and the Language of Pain. New York: Viking .

Time Life Books. (Eds.). (1996). The Medical Advisor: The Complete Guide to Alternative &

Conventional Treatments. Alexandria, Virginia: Time-Life Books.

Vitebsky, P. (1995). The Shaman. Massachusetts: Little, Brown and Company.

Wood, D. (1998). Training psychiatrists to use and respect the spiritual. Christian Science Monitor, 90, 3.

Woodham, A., & Peters, D. (1997). Encyclopedia of Healing Therapies. New York: Dorling Kindersley.

Appendix A
Alternative Therapy and Mental Health Questionnaire

1. What is your professional status?
   ____ psychologist
   ____ marriage and family therapist
   ____ professional counselor
   ____ professional counselor trainee

2. What is your gender?
   ____ male
   ____ female

3. What is your level of training?
   ____ Doctorate
   ____ Masters, MSW
   ____ B.A.

4. Where did you receive your training? _____

5. What state or country did you receive your training?
   State(s) _____

   Country(s) _____

6. What is your age? ____years old

7. How long have you been practicing therapy? ____years

8. What size city do you work in?
   ____ Rural-under 10,000
   ____ City-10,000-100,000
   ____ Large city-over 100,000

9. What is your work setting?
   ____ Private practice
   ____ Public clinic
   ____ Private clinic
   ____ Hospital
   ____ Other, please specify _____

10. What is your race/ethnicity?

____ Caucasian (non-Hispanic)
____ Black (non-Hispanic)
____ Hispanic/Latino
____ East Asian
____ Other Asian
____ Native American
____ Pacific Islander
____ Indian (India)
____ Other (please specify) _____

11. What is your religious affiliation?

____ Christian
____ Jewish
____ Buddhist
____ Hindu
____ Islamic
____ Agnostic
____ Atheist
____ Other, please specify _____

12. What types of therapy do you use with your clients? (Check all that apply.)

____ Psychoanalytic
____ Behavioral
____ Cognitive Behavioral
____ Existential
____ Client-Centered
____ Transpersonal
____ Play Therapy
____ Family Systems
____ Eclectic
____ Other _____

13. On a scale of 1 to 5 with 1 being "no knowledge" and 5 being "complete understanding," what types of alternative forms of healing are you familiar with?

(Touch and Movement Therapies)		(Mind and Emotion Therapies)	
Massage	____	Hypnotherapy	____
Tragerwork	____	Meditation	____
Bioenergetics	____	Past Life Therapy	____
Acupuncture	____	Feng Shui	____
Qigong	____	Shamanism	____
Therapeutic Touch	____	Prayer	____
Reiki	____		
(Medicinal Therapies)			
Herbalism	____		

Ayurveda ____
Magnetic Therapy____

14. Do you use any of the following types of alternative forms of healing with your clients? (Check all that apply)

(Touch and Movement Therapies)
____ Massage
____ Tragerwork
____ Bioenergetics
____ Acupuncture
____ Qigong
____ Therapeutic Touch
____ Reiki

(Mind and Emotion Therapies)
____ Hypnotherapy
____ Meditation
____ Past Life Therapy
____ Feng Shui
____ Shamanism
____ Prayer

(Medicinal Therapies)
____ Herbalism
____ Ayurveda
____Magnetic Therapy
____ Other _____

15. If you don't incorporate alternative forms of healing in your practice or don't use certain modes of alternative therapies, why not? (Check all that apply)
____ Insurance doesn't cover it
____ Need to learn more about it/ not trained in it
____ Effectiveness needs to be researched more
____ It's too mystical
____ Against my value system
____ Not sure of client's openness to alternative therapies
____ Other, please explain _____

16. How likely is it that you would ever refer a client to an alternative practitioner for treatment?
____ 1 extremely likely
____ 2 somewhat likely
____ 3 neither likely nor unlikely
____ 4 somewhat unlikely
____ 5 extremely unlikely
____ 6 don't know

17. To what extent do you agree or disagree that mental health professionals should have knowledge about the most prominent alternative treatments?
____ 1. strongly agree
____ 2 agree
____ 3 neither agree nor disagree
____ 4 disagree
____ 5 strongly disagree
____ 6 don't know

18. To what extent do you feel that the implementation of alternative therapies should be resisted or facilitated in established mental health organizations?
    ____ 1 strongly resist
    ____ 2 resist
    ____ 3 neither resist nor facilitate
    ____ 4 facilitate
    ____ 5 strongly facilitate
    ____ 6 don't know

19. To what extent do you feel administrative or financial pressure to utilize or not to utilize alternative therapies?
    ____ 1 great pressure to utilize
    ____ 2 some pressure to utilize
    ____ 3 no pressure to either utilize or not to utilize
    ____ 4 some pressure not to utilize
    ____ 5 great pressure not to utilize
    ____ 6 don't know
    ____ 7 not applicable

20. To what extent do you believe that incorporating alternative therapies will increase patient satisfaction with their treatment?
    ____ 1. major positive impact
    ____ 2 some positive impact
    ____ 3 neither positive nor negative impact
    ____ 4 some negative impact
    ____ 5 major negative impact
    ____ 6 don't know

21. Have you attended lectures or workshops on, or received training in, the use of alternative therapies?
    ____ yes
    ____ no

22. Have you completed a training program or are you certified in the use of any alternative therapies?
    ____ yes
    ____ no

23. Are you interested in learning more about alternative forms of healing?
    ____ yes
    ____ no

24. Alternative forms of healing need to be incorporated into therapeutic training at the graduate level.
    ____ yes
    ____ no
    ____ maybe (explain) _____

25. Do you have any additional comments you would like to share?

Thank you for your time and participation. Have a good day.

Appendix B

Consent Form
Telephone Interview

Hello (Mental Health Professional),

My name is Nora Bates, and I am conducting a study for my thesis for the graduate Mental Health Counseling Program at the University of Wisconsin-Stout in Menomonie. Is this a convenient time to talk to you about participating in my study? YES ____ NO ____

The purpose of the research is to determine Wisconsin mental health professionals' opinions and uses of alternative forms of therapies to complement traditional Western counseling therapies. For the purpose of the study, alternative forms of healing will be defined as " methods of healing which exist outside the conventional forms of Western modes of therapy based upon a holistic understanding of the interconnectedness of mind, body, and spirit." I do not anticipate any medical or social risks to you as all information will be kept strictly confidential and any conclusions will not contain your name or any other identifying information. Your participation in the project is totally voluntary, and you can stop participating in the interview at any time.

Would you please take about five to ten minutes to participate in the project?

____YES ____NO

Thank you.